



Discharge Risk Assessment

Patient Name (optional): _____

Date: ____ / ____ / _____

Complete two days prior to discharge. Check all that apply:

Patient Discharge Disposition:

- | | | |
|---|---|--|
| <input type="checkbox"/> Lives at home with limited or no community support | <input type="checkbox"/> Issues with health literacy | <input type="checkbox"/> History of falls |
| <input type="checkbox"/> Requires assistance with medication management | <input type="checkbox"/> Requires assistance with ADLs/IADLs | <input type="checkbox"/> Decreased adherence to treatment plan |
| <input type="checkbox"/> Polypharmacy (more than 7 medications) | <input type="checkbox"/> Cognitive impairment | <input type="checkbox"/> Repeat hospitalization/ED visits |
| <input type="checkbox"/> History of mental illness | <input type="checkbox"/> End-stage conditions * | <input type="checkbox"/> Requires assistance with managing oxygen and/or nebulizer |
| | <input type="checkbox"/> Diagnosis: CHF/COPD/ diabetes/HIV/AIDS | |
| | <input type="checkbox"/> Incontinent | |
| | <input type="checkbox"/> Acute/chronic wound or pressure ulcer | |

TOTAL # CHECKED: _____

SCORE ≥ 5 This patient is at **HIGH RISK** for rehospitalization. Refer to home care services immediately.

SCORE 2–4 This patient is at **MODERATE RISK** for rehospitalization. Refer to home care services prior to discharge.

SCORE < 2 This patient is at **LOW RISK** for rehospitalization. Discharge.

Life-Limiting Conditions:

* If the patient has an end-stage/life-limiting condition and any of the following, consider hospice evaluation or referral.

- | | | |
|--|--|--|
| <input type="checkbox"/> Recent impaired nutritional status, as evidenced by unintentional weight loss of ≥ 10 percent over the last 6 months or serum albumin < 2.5 | <input type="checkbox"/> Unrelieved physical symptoms that are difficult to manage | <input type="checkbox"/> Patient is considered terminally ill when the medical prognosis is such that the individual life expectancy is 6 months or less if the illness runs its normal course |
| <input type="checkbox"/> Recent decline of functional status (Karnofsky score of <50) | <input type="checkbox"/> Poor response to optimal treatment | |
| | <input type="checkbox"/> Frequent ED visits and/or hospitalization | |
- *Hospice patients need not be homebound

Other Care Needs:

Skilled Nursing

- Observation and assessment
- Teaching and training
- Performance of skilled treatment of procedure
- Management and evaluation of a client care plan following an acute episode

And/or Other Care

- Physical, occupational and/or speech therapy
- Medical social work
- Home health aide service for personal care and/or therapeutic exercises
- Tele-healthcare management

To Qualify for Medicare Home Health Services:

- The patient is under the care of physician (community physician willing to sign home care orders).
- The patient is homebound.
- The patient requires at least one skilled professional service (RN, PT, speech on an intermittent basis). OT and home health may be added under a skilled service.
- Services are provided in the patient's home.
- Services must be reasonable and necessary.

Definition of Homebound: The condition of the patient causes a considerable and taxing effort for the patient to leave home.

Homebound Qualifiers:

- Absences from the home are infrequent or of short duration.
Examples of infrequent or short duration absences:
 - Attendance at religious services
 - Attendance at a significant family event
 - Trip to barber or hairdresser
 - Walk outdoors
 - To receive healthcare treatment.
 - To receive medical day care services.
- If patient referred to home healthcare prior to discharge:

Agency: _____

City/State: _____